**SENDER: *COMPLETE THIS SECTION***

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CIT Group, Inc.
888 East Walnut Street
Pasadena, CA 91101

9590 9402 1768 6074 6914 05

2. Article Number *(Transfer from service label)*

7016 0750 0001 0363 7590

***COMPLETE THIS SECTION ON DELIVERY***

A. Signature

X EDILBERTO RAYMUNDO ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery DEC 21 2016

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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USPS TRACKING#

SANTA CLARITA CA 913 20 DEC 16 PM

9590 9402 1768 6074 6914 05

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

**Weisberg Law**
**7 S. Morton Ave.**
**Morton, PA 19070**

RE: Scott, Tie and Renee